#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9064

#### CERTIFICATE OF DEATH

(19018 Reg. Dist. No.

PLACE OF DEATH     O. COUNTY  DO	rchester	4	MARY	LAND	2. USUAL RESIDENCE (* o. STATE Mary	Where decease	b. COUNTY	-	chest	
RURAL and give no	f autside carporate limi earest tawn) mbridge	ts, write	c. LENGTH OF STAY		c. CITY OR TOWN (I	oridge.	orate limits, write R	URAL and	give neares	t tawn)
OR INSTITUTION	tern Shore		ddress)		d. STREET ADDRESS		•			S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	Alice		Middle <b>Emily</b>	,	Adams	4. DATE OF DEATH	Augu		Day	Year 19 <b>59</b>
5. SEX Female	6. COLOR OR RACE	7. MARRI WIDOWEI	ED NEVER MARRIE		. DATE OF BIRTH		9. AGE (In years last birthday) 614 yrs.	IF UNDER Months	_	UNDER 24 HRS
10a. USUAL OCCUPATION during most of work		done 10b. x	CIND OF BUSINESS O	R INDUST	Maryla		77		ZEN OF WI	HAT COUNTRY
13. FATHER'S NAME	Will A	44.9			14. MOTHER'S MAIDER	N NAME			18,81	
George W.					Tryphina	Evans				
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. S	OCIAL SECURITY NO.		CORDS - Eas	stern S	hore Stat		pital	
Conditions, if o gove rise to i cause (a), stating lying cause last.	mmediate the under-	Ge	Labetes Me.	llitu	riosclerosi as		SE CONDITION GIV	/EN IN PAR		PERFORMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED	. (Enter noture of injury	in Part I ar Po	rt II of item 18.)	- New	1	ES NO
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While	JURY OCCURRED  Nat while at work	20e. PLA foct	CE OF INJURY (Hame, fo ary, street, office bldg.,	arm, 20f. (Cit	y ar tawn)	((	County)	(Stote
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11 9048 CERTIFICATE OF DEATH Reg. Dist. No. directar, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed b. COUNTY MARYLAND Dorchester Maryland Dorchester b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest tawn) should Cambridge day Cambridge d. NAME OF HOSPITAL (If not in hospital, give street address) /d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 2 R.F.D. #2 YES TO NO Cambridge-Marvland Hospital gud 5 NAME OF Middle Lost 4. DATE Month Day Year DECEASED ROY DEATH (Type or print) LEE BEASLEY August 19 59 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF SIRTH 9. AGE (in years last birthdoy) Hours Min. DIVORCED | male oolored WIDOWED | 6-26-59 yrs. 10o. USUAL OCCUPATION (Give kind af wark done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. Dorchester County and none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Walter Jones Sally Mae Beasley haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 72 aftending no Records of Cambridge-Maryland Hospital 5 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: Terminal Broncho-pneumonia davs IMMEDIATE CAUSE (o) DUE TO permit. any Inanition Canditians, if any, which month (6) gned gove rise to immediate DUE TO cause (a), stating the underpuo lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO-CERTIFI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I at Port II af item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20f. (City or town) (County) (Stote) Hour o. m foctory, street, office bldg., etc.) While Not while of work -et werk-21. 1 certify that I attended the deceased from 6-26-59, 19, to 8-22-59, 19, that I last saw the deceased detached and that death occurred at 6:10AM, from the causes and on the date stated above. ECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL prior pe 15 Locust Street, Cambridge, Md. OFF shauld PHYSICIAN'S NAME (Type) the registrar FUNERAL Eldridge H. Wolff. 3 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. 22d. LOCATION (City, town, ar county) (Stote) REMOVAL (Specify) Burial 959 Salem Cemete4v Dorchester Co. 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Orthus & Kraus Cambridge. DATE SEP 2 9 '59 Md. 1SM 9/55 00 203

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with

TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours moy be retoined by the hospitol or ottending physicion.

page 3 should be detoched for use as the burial-transit permit. Then please remove corban papers. the registror prior to burial, cremation, or removal, and in any event within 72 hours pater death.

TO HOSPITAL C VS A1S (4) 1SM 9/S8

	3010	CERTIFICA	AIE OF DEATH		R	eg. Dist. No		
1. PLACE OF DEATH  o. COUNTY	orchester	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary]		1 601111	Residence before orches		n)
b. CITY OR TOWN ( RURAL and give in Cambr	(If outside corporate limits, write legrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporote li 12. – Rura		AL ond give ne	arest town)	
OR INSTITUTION	TAL (If not in haspital, give street idge—Maryland II		/ d. STREET ADDRESS	s Grove			e. IS RESID ON A F YES 🔀	ARM?
3. NAME OF DECEASED (Type or print)	First Lena	Middle Elizabeth	Lost Bell	4. DATE OF DEATH	Month August	30	79 Ye	FO
s. sex Female	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  July 16, 1885	105		UNDER 1 YEAR Months Days	Hours Hours	24 HRS Min.
10a. USUAL OCCUPATI	ON (Give kind of work done 10b rking life, even if retired)	KIND OF BUSINESS OR INDU	Dorchester	(1 35		U.S		UNTRY
13. FATHER'S NAME John A	1		14. MOTHER'S MAIDEN N		ight.			
W 2 40 4	(If yes, give war or dates of service)		Mrs. Glen Wil:	Dr. T. S. P.	Address		R.F.D.	
Conditions, if couse (o), stoting lying couse lost.	immediate DUE TO	VEPHRO	SCLER OS		NDITION GIVEN	ON	ERVAL BETV SET AND D	A R
PART II. OT.	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	ort I or Port II of	item 18.)		PERFOR!	MED?
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Year 20d. While 19 of wo	Not while fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City or to	own)	(County)		(Stote
ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATIC REMOVAL (Specify Page 1)	Sept. 2. 195	22c. NAME OF CEMETERY OF Brookview Cer	OR CREMATORY metery	ADDRESS (Street,	causes and city or own, sto	county)	PATE PATE (Stote)	abave SIGNE
23. FUNERAL DIRECTOR	om and Son, Fed	eraIsburg, Mary	land 240. REC'I	by REGISTRAR 4 '59		PAR'S SIGNATURY & Krau		

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2400 CHILD AND STANDARD to: elem The pain of the painting of th MARKET BELLEVIS STEEL SARV V wert loker to strong out of the strong of the teres introduction for the in Prince the contract of the contract o death. Poge 4

requires that the death certificate be executed within 24 hours

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9050

PLACE OF DEATH

O. COUNTRICHESTER

### **CERTIFI**

MARYLA

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C	ATE OF DEATH			Reg. D	Dist. No.		0~1
ND	2. USUAL RESIDENCE (Who o. MATRYLAMD	ere deceose	d lived. If institution b. COUNTY	on: Reside	DORC	HEST	ER
1b	c. CITY OR TOWN (IF or		prote limits, write R	URAL onc	d give ned	crest fow	n)
	d. STREET ADDRESS 302 LEANARDS	LANE	3				FARM?
	B ELL	4. DATE OF DEATH	Acc	· 2	o Do	у	Year 59
	B. DATE OF BIRTH		9. AGE (In years	IF UND	RIYEAR	IF UND	ER 24 HRS.
	MAY 6 1875		lost Birthdoy)	Months	Days	Hours	Min.
NDU	MARYLAND	or foreign c	ountry)		USA	WHAT	OUNTRY?
	14. MOTHER'S MAIDEN N	AME				0	10.7

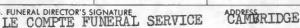
	B. CITY OR TOWN (III CAMBRIDGE	Foutside corporate limits, write arest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporote limits, E	write RURAL and g	ive nearest town)
	d. NAME OF HOSPIT. CAMBRIDGE	AL (If not in hospital, give stree MARYLAND HO	et address) SP•	d. STREET ADDRESS 302 LEANARD	S LANE		e. IS RESIDENCE ON A FARMOUN YES NO DE
	NAME OF DECEASED (Type or print)	SAMUEL	T Middle	B ELL	4. DATE OF DEATH	AUG 25	Day Year 59
	SEX IALE	TATLETTOTE	RRIED NEVER MARRIED	MAY 6 1875	9. AGE () lost		1 YEAR IF UNDER 24 HRS. Days Hours Min.
0a	FARMER WORK	ON (Give kind of work done 10 ing life, even if retired)	FARMER	MARYLAND		US US	ZEN OF WHAT COUNTRY?
3.	LEVIN	BELL		14. MOTHER'S MAIDEN RACHAE	NAME L LINTHICU	AI.	
S. (Ye		R IN U. S. ARMED FORCES? 1 (If yes, give war or dates of service)		FORMANT J SPICER BELL	CAMBRID	GE MARYL	AND
		TH [Enter only one couse per TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	4 1	NEUMON	IIA		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if or gove rise to in couse (o), stoting lying couse lost.	mmediate (	CEREBR	A L H	EMERR	HAGE	7 DAY
CATION	PART II. OTH	ER SIGNIFICANT CONDITION	ARTERIOS C		IINAL DISEASE CONDIT	ION GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING   20b. D   CAUSE OF DEATH   MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in	Port I or Port II of item	1B.)	
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Whi	la la	ACE OF INJURY (Home, farr story, street, office bldg., etc.		(C	County) (State)
	21. I certify the alive an		ased fram \$\frac{\mathcal{F}}{19}, and that death		ADDRESS (Street, city of RACE)	ises and an the or town, state)	st saw the deceased date stated abave.  DATE SIGNED
	Identify (1) bei	ALFRED F	2. MARYAN				)
20 I	BURIAL, CREMATIO	AUG 28, 19	59 22c. DORCHESTER	MEMORIAL PARI	CAMBRI	DGE O' MARY	LAND (Stote)
3.	FUNERAL DIRECTOR"	S SIGNATURE	ADDRESS	MA DVT A NT 240 REC	D BY REGISTRAR 24	4b. REGISTRAR'S SIC	SNATURE

may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave captorn papers. Pages 1 and 2 shauld be filled with the registrar prior ta burial, crematian, or removal, and in any event within 72 hours fitter death. VS A15 (4) 1SM 9/S8

TO HOSPITAL





1 '59 DATE SEP

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TO DEPUTY M. AL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony delay is assay, plea execute the conficies, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral artector. Po 4 should be farworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heall or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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VS. A15ME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9065 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09022 Reg. Dist. No.

		LACE OF DEATH					2. USUAL RESIDENCE	(Where deced	sed lived. If institu	tion: Reside	nce be	ore admi:	sion)
		Dor Dor	chester		MARYL	AND	o. STATE Maryl	and	b. COUNT	Tall	20+		1
	b	. CITY OR TOWN (If and give nearest fown)	outside carparate limits, write	RURAL	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN	(If outside cor	porate limits, write			eorest for	vn)
		Cambrid	oe.		lvr.lmo.26	das	Wittm	an	2	0 X -	2		
	d	. NAME OF HOSPITA	AL OR INSTITUTION (	If not in hos	pital, give street address)		d. STREET ADDRESS						SIDENCE
۵			Shore Stat	te Hos	pital		all an						NO T
	- (	NAME OF DECEASED	Fin		Middle		Lost	4. DATE OF	Mont	h	Doy	Ye	or
		Type or print)	7.0 000 000	liam	Peck		Brandow	DEATH	Augi	ist	20	19	759
	5. S	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER	-		R 24 HRS.
		Male	W	WIDOWE	DIVORCED [	ן נ	May 28, 188	37	72 yrs.	Months	Days	Hours	Min.
-	10a.	USUAL OCCUPATION	N (Give kind of wark of life, even if retired)	done 10b. K	IND OF BUSINESS OR IN	IDUSTR	Y 11. BIRTHPLACE (Sto	te or foreign	country)	12. CITIZ	ZEN O	F WHAT	COUNTRY?
		Watern			400 400		Maryland			TT	.S.	A	
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN			1 17	0,00	EX. 0	
		Charle	s Brandow				Manie M	farehal	1				
		WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT	iai bilai	Address				
	(Yes,	no, or unknown)	(If yes, give war or dates of		12-16-1270	To	stown Shows	Ctoto		Daga	3-		
		18 CAUSE OF DEAT	TH [Enter only one cou			Ed	stern Shore	Diale	HOSPIta.	r veco		VAL BETWE	
			H WAS CAUSED BY:			. 7					ONSE	T AND DEA	18
			IMMEDIATE CAUSE (0)	M	yocardial Fa	LLLU	re				2	days	•
n		1000.4	DUE TO										
		Conditions, if or											
		(a), stating the											
		couse fost.	) (c)										
	20				NTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 1	WAS A	UTOPSY
)	CERTIFICATION		re 7, 8, 9			22.1						PERFOI	NO X
	RTIF	20a. EXTERNAL CAU	SE WAS	b. DESCRIBE	HOW INJURY OCCURR	ED. (En	ter noture of injury in Po	art I or Part II	of item 18.)				
		CAUSE OF DEATH.		Un	known								
9	WEDICAL	20c. TIME OF INJUR				- PLAC	E OF INJURY (Home, for	rm. 20f. (Cit)	y or town)	(Cour	nty)		(State)
	WED	? Hour a. m.	8-6- 19	59 While	Not while		ry, street, office bldg., et ospital		bridge	Dor		Md	
		21. I certify th	at I took charge	of the r	emains described	obov	e, held an Autan	sy . I	nspection T.	Inquir	, [	and	in my
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		ACTUAL	Va				CHIEF MEDICAL	EVAMINED [				DATE SI	GNED
		SIGNATURE	fole	- VI			ASSISTANT MEDICAL	the same					
2		EXAMINER'S NAME (Type)	John Mace	Jr.			DEPUTY MEDICAL					8/20	/59
	220	BURIAL, CREMATIO		F	22c. NAME OF CEMETER	Y,OR C	REMATORY	22d. LOCA	TION (City, town	or county)		(Stote	
	1	REMOVAL (Specify)	8/22/	59	Olwer G	en	netery	1 St.	mich	alls	1	nd	1
	23.	PUNERAL DIRECTOR	S SIGNATURE	e	ADDRESS	0	A 24a. REG	C'D BY REGIST		STRAR'S SIG		E	To the
	2	Haml	telox Ha	rest	n Dr. Muc	hal	els Med out G	2 4 '59	Orth.	in 8. Fir	MA		

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after death

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye <u>carbon</u> papers. Pages 1 and 2 shauld be filed—with the registrar priar to burial, cremation, ar remaval, and in any event within 72 hau

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

TO HOSPITAL VS A15 (4) 1SM 9/SB

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1. PLACE OF DEATH				a STATE	DENCE (Where		If institution: Resid	dence before adr	nission)
Do	rchester Co		MARYLAN	ID II	arvland			orchest	er Co.
	(If outside corporate lim		c. LENGTH OF STAY IN		-		ts, write RURAL or		
Cambridge	The second second		l Days	X	inkwood				
d. NAME OF HOSP OR INSTITUTION	ITAL (If nat in haspitat, g	give street a	ddress)	d. STREET A				10	RESIDENCE A FARM?
Cambride	e. Md.H osr	ital.		No	ne			YES	□ NO N
3. NAME OF DECEASED (Type or print)	Fil	rst	Middle	Los		DATE OF DEATH	Month	Day	Year
	Phr	17	Fetter				0	22	1959
S. SEX	6. COLOR OR RACE	7. MARRI	NEVER MARRIED [	B. DATE OF BIRT		9 AGE	(In years IF UNE withday) Month	S Days Hou	
M. HELLAN OCCUPATI	White			9/10		112		1717514 05 14014	7.5011117714
during most of wo	rking life, even if retired	1)	CIND OF BUSINESS OR IN				12.0	U.S.A.	IT COUNTRY
Housewi	Te		Housewife		ryland.			U.D.H.	
3. FATHER'S NAME			h	14. MOTHER'S	MAIDEN NAM	C			
Davis Fe	tton			Sug	Ross				
	ER IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO.	INFORMANT			Address		
(Yes, no, or unknown)	(If yes, give war or dates of s								
No.	NO.		NO.	Edna Burk	e. Link	wood, Ma	ryland.		
	ATH   Enter only one co	use per line	for (o), (b), and (c).]	./		1		INTERVAL	BETWEEN
PART I. DE	ATH WAS CAUSED BY:		P	01/2	en X	1) 101	10	ONSET A	ND DEATH
	IMMEDIATE CAUSE (	)(	Coron	any 1		- Lu	~	Ur	nini
1420.1	DUE TO								
Conditions, if	ony which ) "								
gave rise to	immediate (	•							
couse (o), stating	the under-	)							
lying couse last	. ) (c	:)							
PART II. OT	THER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO	THETERMINAL	DISEASE COND	ITION GIVEN IN P	ART 1(o) 19. W	AS AUTOPSY
PART II. OT		13.1							RFORMED?
	AS UNDERLYING	20b. DESC	RIBE HOW INJURY OCCU	JRRED. (Enter noture of	of injury in Port	I or Port II of ite	em 18.)		
OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)								
20c. TIME OF INJU	IRY Manth, Doy, Ye	ar 20d. IN	JURY OCCURRED 20e	PLACE OF INJURY		20f. (City or town	)	(Caunty)	(State
20c. TIME OF INJU Hour o. m. p. m.	19	While	_ Not while _	foctory, street, offic	e bldg., etc.)				
₹ p. m.	19	ot work	ot work			/			
21 Leartifu t	hat attended the	decesse	d from (0//1	10.17	1 10 8	122	10 5 9 hat 1	last saw the	decease
	The street ine	ueceuse 1	0	17.327	737		1		
alive on	0/20	, 19_7	, and that de	eath accurred at	J. JEM,	fram the ca	uses and an	the date sta	ted abave
1500	0				ADD	DRESS (Street, city	or town, state)	011	DATE SIGNE
ACTUAL SIGNATURE	Langer	,0 V	Varyan	Nun	136	Rac	e ST.	0/2	3/54
SIGNATORE	& Course		1				,		
PHYSICIAN'S NAME (Type)	Lawre	nce	Marya	nev	Ca	mbrio	Ygt,	Md	
220. BURIAL, CREMATE		OF	22c. NAME OF CEMETER	RY OR CREMATORY	220	LOCATION (C	ty, Yown, or count	y) (:	Stote)
REMOVAL (Specify	y) - 1 · 1 ·	0							
Burial	8/24/59	7	Dorchester	Mem. Par		Cambri		yland.	
3. FUNERAL DIRECTO			ADDRESS	36.3	24a. REC'D B'	Y REGISTRAR	24b. REGISTRAR'S	SIGNATURE	
Le Comp	te Funeral	Servi	ce, Cambridg	ge, Ma.	DATEME 2	6 '59	0000	4.	

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VS A15 (4) 15M 9/55

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#### CEPTIEICATE OF DEATH

09024

	<u> </u>		TIE OI DEATH		Reg. Dist. No.	
1. (	PLACE OF DEATH Dorchester	MARYLAND	2. USUAL RESIDENCE (Whe	ere detensed lived. If institution b. COUNT		missiog)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	USS.	c. CITY OR TOWN (If as	gide corporate limits, write	RURAL and give nearest	town)
	d. NAME OF HOSPITAL (If not in haspital, gird street address) OR INSTITUTION	0	d. STREET ADDRESS		1 0	RESIDENCE N A FARM? S NO
	NAME OF DECEASED (Type or print) Mattie	Siddle (	amper	4. DATE OF DEATH Quay	ust 21	Year 19.59
13	2 racy Corona	IVORCED	100, 15,18	9. AGE (In yAr last birthday)	Manths Days Ha	NDER 24 HRS. urs Min.
100	u. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSII during may of working life, even if retired)	NESS OR INDUS	Neavett	, Maryla	nd US	A.
13.	Benjamin Jones		14. MOTHER'S MAIDEN N.	aret Kar	vimore	
	WAS DECEASED EVER IN U. S. ARMED FORCES? U. SOCIAL SECUR. 1. no. or unbrown   11 yes, give wor or dotes of service)   2/3-09	1:4688	Mrs. Harry	reton mit	h Willian	Starg,
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), or PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	Curuli	e Conjuto	ve Justin		L BETWEEN IND DEATH
	Canditions, if any, which) (b) Arterius	s here tic	Hyperteur	Harl Dia	sem 10.	-12715
	gave rise to immediate couse (a), stating the under- lying couse last.  DUE TO  Ceneral 1	sed A	rterio seleros		10-	147.3
ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				PE	AS AUTOPSY REFORMED?
L CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter nature of injury in Po			
MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURR Haur a. m. 19 While Not while of wark at wark		ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.)	20f. (City or town)	(County)	(State)
	0/1003	3/14	, 1936, to 8/		4., that I last saw t	
	alive on 8/30, and	that death	accurred at 4 4.		0	tated abave
	ACTUAL SIGNATURE YOUNG B Trum	nes.	M.D. PO. Bx	TISY LLD	my hel 8.	12/15
	PHYSICIAN'S HUROLY B. Plumo		o PoBou	F184 Prest.	n Ny	
	Burial (Kug/23/959 Mea	vitt (e	metery	Deavet	Maryla	and
23	FUNERA DIRECTOR'S SIGNATURE HANDON, ADDRESS	St. Mu	/ / /		SISTRAR'S SIGNATURE  Dithur S. Krama	
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	CERTIFICATE OF DEATH
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**CERTIFICATE OF DEATH** 

MARYLAND

09025

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b. COUNTY

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1, PLACE OF DEATH a. COUNTY

the ottending physician and campletely filled in by the funeral director, Then please remayer carbon papers. Pages 1 and 2 should be filed with TO HOSPITAL TATTENDING PHYSICIAN: The law requires the may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit.

death. Page

IS RESIDENCE ON A FARM? FES NO P Year 1959 UNDER 24 HR Hours Min.
Year 1959 UNDER 24 HR Hours Min.
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er death. Page 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 how

the registror prior to buriol, crematian, or remaval, and in any event within 72 hours ofter death.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

09026

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000	Reg. Dist. 140.
PLACE OF DEATH a. COUNTY  If I deposit in the MARYLANI	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) a. STATE b. COUNTY TAX
Witchester Dorchester	naryland wicomico
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)
Sambridge 4 mo. 8 das	Salisbury 22x-2
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Eastern Shore State Hospital	Rt. 1
NAME OF First Middle DECEASED (Type or print) Lou Nettie Alice	Last 4. DATE Month Day Year OF DEATH Allowet 20 1050
	Charles 1997
Female   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   White   WIDOWED   DIVORCED	9. AGE (In years last birthdoy) 1882 ? De C. L  9. AGE (In years life UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) 77 yrs.
o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR IN	
dyring mast af warking life, even if retired)	
Housewife OWN -Home	Maryland U.S.A.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lewis Chatham	?
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT . Address
(es, no, or unknown) 1 (If yes, give war or dates of service)	
NONE, I	RECORDS - Eastern Shore State Hospital
18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) Hypertensive CI	rdiovascular disease
443 A DUE TO	
Canditians, if any, which ) Generalized art	ceriosclerosis
gove rise to immediate	
cause (a), stating the under-	
lying couse last. (c)	
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Port II af item 18.)
20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Hame, farm, 20f. (City ar town) (Caunty) (State) factory, street, affice bldg., etc.)
Hour o. m.  p. m.  19  While Nat while of work of wark	raciary, sincer, affice blug., etc.)
The second of th	12 , 19 59, to August 20 , 19 59 that I lost sow the deceased
olive on August 20 19 59 and that dec	th occurred at \$7:050, from the couses and on the date stated above
The state of the s	ADDRESS (Street, city or town, state)  DATE SIGNED
ACTUAL SO TO TILITIES	
SIGNATURE OR PENELTY	M.D. E. S.S. Hospital, Cambridge, Md. 8-21-59
BUNGISLANIE	
PHYSICIAN'S NAME (Type) E. DeFilippis	
	OR CREATORY 22d IOCATION (Ct. A
REMOVAL (Specify)	d C' ha a a
	emetery Silorm, MARULAND
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
till + Johnson Co. Salisbury, 1	M d. DATE AUG 2 4 '59 action of these
00 00, 01,1300,4,1	DAIL TO DAIL TO THE TOTAL TO TH
norman + Baller.	

TO HOSPITAL VS A15 (4) 15M 9/58

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	elections.	Heart David artes	
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# FOR STATE HEALTH DEPT.

DEPUTY MEVELAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is it stary, please execute the case, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral claration. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. Defuneral DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1, and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any exemt within 2 hours after death.

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## 9068 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 19028

1.	PLACE OF DEATH					2. USUAL RESID	ENCE (Where	deceased live	ed. If institu	tion: Resid	ence befo	ore admi	ission)
)	a. COUNTY DO	rchester		MAI	RYLAND	Virginia Accomuck							
	b. CITY OR TOWN III and give negrest town)	outside corporate limits, write	RURAL	c. LENGTH OF STA	Y IN 1b	c. CITY OR T	OWN (If autsid	de corporale	limits, write	RURAL and	d give ne	orest to	wn)
	22	eliance		1 day	7	Hor	ntown		8	3 X-	3		
	d. NAME OF HOSPITA	L OR INSTITUTION (II	nat in hosp	ital, give street oddr	ess)	d. STREET AD	DRESS					e. IS RI	ESIDENCE A FARM?
L	Relian	ce-Finchvil	le Ros	ad		P.0.	Box 4	4					NO
3.	NAME OF DECEASED	First		Middle		Lost	4. D.		Month	1	Doy	Y	ear
	(Type or print)	James		A.	Dic	kerson	Di	EATH A	lugus	t 17		1	9 59
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 🔲 8.	DATE OF BIRTH			E (In years birthday)	IFUNDER	-		ER 24 HRS.
	Male	Negro	WIDOWED	DIVORCE		Jan.22	,1899		30 yrs.	Months	Days	Hours	Min.
10	during most of working	N (Give kind of work do g life, even if retired)	7.00	ND OF BUSINESS O		Virg		reign country	)		ZEN OF		COUNTRY?
1	3. FATHER'S NAME					14. MOTHER'S M				1	• • •	-	
	James	Dickers	on S	Sr.		Mary		son					
		R IN U. S. ARMED FOR		OCIAL SECURITY NO	D. 17. IN	FORMANT			Address				
		10.753		27-20-26	42 J	ohn D	ickers	on, I	Hornt	own,	V	ai.	
	Conditions, if or gove rise to immed (o), stating the u couse lost.	iole cause	Cor	onary oc			HF TFDMINAL	DISEASE CON	IDITION CIVI	VENI INI BAB	ONSE		tant
NOWA PROPERTY	20g. EXTERNAL CAU PRIMARY   or CON CAUSE OF DEATH.		-	HOW INJURY OCC							- 1	PERFO	RMED?
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Year	20d. IN While at wor	Not while		E OF INJURY (Herry, street, office b		f. (City or to	wn)	(Co	unty)		(State)
1	21. I certify that I took charge of the remains described above, held on Autopsy, Inspection												
	ACTUAL SIGNATURE	or. John	m	0	cident [	_M.D. CHIEF ME	DICAL EXAMINIT MEDICAL EXAM	AMINER [		rmined		DATE S	SIGNED
7	20. BURIAL CREMATIO	N. 226. DATE THEREO	F :	22c. NAME OF CEMI	ETERY OR	CREMATORY	22d.	LOCATION	(City, tawn,	or county)		(Slot	•)
	Buria L	8/22/5	9	Dees C	hane	I Cem	1	Horn	town.	7	Ta:		
2	J.J.Fram	s signature ptom and Sc	n, Fe	ADDRESS			DATE AUG 2	DECISTRAD	24b. REG	STRAR'S SIL			

VS A1S (4) 1SM 9/S8

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PROHESTER	

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF BEATLE

09030

	3000	CERTIFIC	AIE OF DEATH		Reg. Dist.	No.
o. COORCHES	TER	MARYLAND	2. USUAL RESIDENCE (Whe			
b. CITY OR TOWN (I	If autside carporate limits, write earest town)	c. LENGTH OF STAY IN 16	c. CITY OR IOWN (IL out CAMBRIDGE	tside corporote limits,	write RURAL and giv	re nearest town)
d. NAME OF HOSPIT OR INSTITUTION CAMBRIDGE	TAL (If not in hospital, give stree  MARYLAND H	oddress)	d. STREET ADDRESS 903 ROSLYN	I AVE		e. IS RESIDENCE ON A FARME YES NO
3. NAME OF DECEASED (Type or print)	STEPHE	I I <sup>Middle</sup>	HAYES <sup>Los</sup>	4. DATE OF DEATH	MATG *	2 <b>6</b> % 25° 19
SMALE	AATITIO	RRIED NEVER MARRIED X	B. MAY 20 1959	9. AGE (I	ACA NITTO THE PARTY OF THE PART	YEAR IF UNDER 24 HRS ays Haurs Min.
10a. USUAL OCCUPATION during most af with	ON (Give kind of work done 10t <del>乾酸 流氓 X-Xn386 Nile</del> d)	. KIND OF BUSINESS OR INDI <del>米米米米米米米米米米米米</del>	USTRY 11. BIRTHPLACE (Stote of MARYLAND)	r fareign country)		N OF WHAT COUNTRY
13. FATHER'S NAME DEN	NIS HAYES		14. MOTHER'S MAIDEN NA ANNA	L CROSBY		
1S. WAS DECEASED EVE	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	NO NO	DENNIS HAYES	CAMBRIDO	Address  MARYLA	ND
Conditions, if a gove rise to it couse (o), stating lying couse lost.	m mediote (	BRONCHIAL VI			ON GIVEN IN PART I	(o) 19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m.	CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Doy, Year 20d. Whil	INJURY OCCURRED 20e. P	ED. (Enter noture of injury in Po LACE OF INJURY (Home, farm, actary, street, affice bldg., etc.)			unty) (State
21. I certify the alive an ALLY SIGNATURE	nat I attended the deced	sed from May 20 2 and that deat	M.D. 200 Maryl		ses and an the or town, stote)	
220. BURIAL, CREMATIO B RENOVAL (Specify)	AUG 28 1959	DORCHESTER OF CEMETERY	OR CREMATORY MEMORIAL PARK	22d. LOCATION (City CAMBRID)		(State)
E LOG COMPLECTOR	INERAL SERVICE	CAMBRIDGE MA	RYLAND 24a. REC'D	4 450	b. REGISTRAR'S SIGN	

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9054 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09031

	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission o. STATE Maryland b. COUNTY Caroline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest form)  Cambriage  c. LENGTH OF STAY IN 1b  Lambriage	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  1112 South Main Street  o. IS RESID ON A F. YES  YES
3. NAME OF First Middle DECEASED (Type or print) Charles Henry	Hoff, Jr. A ugust 2 19
Male White WIDOWED DIVORCED :	3. DATE OF BIRTH  January 17, 1915  9. AGE (In years left library library) 44  yrs.  9. AGE (In years left library lib
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Owner-Manager  Western Auto Store	
Charles Henry Hoff, Sr.	14. MOTHER'S MAIDEN NAME Helen C. McKaig
	os Marion G. Hoff, S. Main St., Federalsbur
(o), stating the underlying couse last. (c)	ic cardionwascular renal disease unknown
none	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUT PERFORM!  YES NOTE THE PROPERTY OF PART 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form. 20f. (City or town) (County) (Son, street, office bldg., etc.)
21. I certify that I took charge of the remains described above	On the time of time of time of the time of
ACTUAL SIGNATURE Eldridge H. Wolff. N.D.	M.D. CHIEF MEDICAL EXAMINER
220. BURIAL CREMATION, REMOVAL (Specify)  Parial  August 5,1959  Cedar Hill Ce	(0.00)
23. FUNERAL DIRECTOR'S SIGNATURE  J. J. Framptom and Son, Federalsburg, Ma	240 REC'D RY REGISTRAR 246 REGISTRAR'S SIGNATURE

VS. ATSME(S) 5M 9/55

or removal.

DESCRIPTION OF PRAMILE S CENTRICATE OF DEATH AND THE RESERVE OF THE PROPERTY OF THE PROPERT A PROPERTY OF THE PARTY OF THE

death. Page 4

VS A1S (4) 1SM 9/58

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### **CERTIFICATE OF DEATH**

09032

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Rea.	Dist.	No.	

1. PLACE OF DEATH O. COUNTY Dorchester MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Dorchester						sion)	
	b. CITY OR TOWN ( RURAL and give no	f autside corporate limi egrest town) Idge	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR 1	Hurle	otside corporate	limits, write RU	RAL ond give	nearest tow	n)
	d. NAME OF HOSPI' OR INSTITUTION	Cambridge		land Hospital	d. STREET A	odress tersbu	ırg	U		ON	FARM?
	NAME OF DECEASED (Type ar print)	Linc		Marlene	Hughe		4. DATE OF DEATH	August		Day	Year 19 59
S.	Female	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED NEVER DIVORCED DIVORCED	8. DATE OF BIRTI		le le	GE (In years ast birthdoy) yrs.	Months Do		ER 24 HRS. Min.
100	during most of wor	king life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	Dorc	hester	Co., M	aryland		S.A.	COUNTRY?
13.	FATHER'S NAME				14. MOTHER'S	MAIDEN NA	AME				
	Geor	ge R. Hughe	s		Regi	na Car	non				
15.		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFORMANT			Addre	ess		
	No No	(If yes, give war or dates of s	ervice)		eorge R.	Hughe	es, Hurl	ock, Ha	aryland	l	
MEDICAL CERTIFICATION		mmediate DUE TO (content to the under to the	) DITIONS C	Immaturity  Contributing to DEATH BU  CRIBE HOW INJURY OCCURR		THE TERMIN			N IN PART 1(	PERFO	AUTOPSY DRMED?
L CERT	(IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER									
MEDICA	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	While of wor	Not while fo	LACE OF INJURY ( actory, street, office	Home, farm, e bldg., etc.)	20f. (City or t	awn)	(Cour	nty)	(State)
	ACTUAL SIGNATURE	23 j	112	ed fram Aug. 22 592, and that death Number , M. D.	h accurred at	3:15A		causes and city ar town, s	an the d	ate state	d abave. TE SIGNED
220	BURIAL, CREMATIC REMOVAL (Specify)		)F L959	22c. NAME OF CEMETERY OF Petersburg	CREMATORY Cemetery		Near H	(City, town, or urlock,		and (Sto	te)
23.	FUNERAL DIRECTOR	'S SIGNATURE	Fede	ADDRESS Mar	yland	24a. REC'D	P 3 59		TRAR'S SIGNA		

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RURAL and give nearest town)

carpenter

Conditions, if ony, which

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20c. TIME OF INJURY Month,

o. m.

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

lying couse lost.

alive an\_\_\_

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION,

REMOVAL (Specify) Burial

23, FUNERAL DIRECTOR'S SIGNATURE

CERTIFICATION

Oliver Jackson IS. WAS DECEASED EVER IN U. S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)

b. CITY OR TOWN (If outside corporate limits, write

P

NAME OF DECEASED

S. SEX

(Type or print)

male

13. FATHER'S NAME

unknown

100

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE	OF DEAT	rh
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9050	CERTIFICATE C			
LACE OF DEATH	2. USUAL			

First

6. COLOR OR RACE 7. MARRIED NEVER MAR

WIDOWED [

Augustus

c. LENGTH OF STA

life

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DIVOR

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16. SOCIAL SECURITY N

unknown

Coronary occ.

(b) Arteriosclere

(c) Arteriosclere

20b. DESCRIBE HOW INJURY

20d. INJURY OCCURRED

Not while of work \_\_at wask\_ [

22c. NAME OF CE

ADDRESS

Mard

East New Market, Maryland

Dorchester

d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION

Cambridge-Marvland Hospital

white

10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and

DUE TO

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO

Doy.

21. I certify that I attended the deceased fram. 4-

22b. DATE THEREOF

9-3-59

Eldridge H. Wolff.

TIFIC.	ATE OF DEATH	1		Reg. D	ist. No.	-	101			
RYLAND	2. USUAL RESIDENCE (WHO O. STATE Maryla		d lived. If institution b. COUNTY	_	nce befo		ion)			
Y IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	X Vipnna									
	d. STREET ADDRESS						FARM?			
lle	Lost	4. DATE	Mon	th	Do	у	Yeor			
99	Jackson	DEATH	Augu	st	3	1	1959			
RIED 🔲	B. DATE OF BIRTH	114	9. AGE (In years lost birthday)				ER 24 HRS.			
CED 🔲	12-15-91		67 yrs.	Months	Days	Hours	Min.			
OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign c	ountry)	12. C	ITIZEN C	F WHAT	COUNTRY			
yed	Maryla	nd			U.S.	Α.				
	14. MOTHER'S MAIDEN N				0.00	4-0				
	Marie	Austir	,							
10. 17. 1	NFORMANT	140011	Addr	ess						
Mr	s. Mary Franc	es Jec	kson Vi	enna,	Mo	rylar	. d			
c).]	o, mary Franc	ob vac	ALBOIT, VI	GIIIIa		ERVAL BE				
lusio	n				ONS	ET AND	DEATH			
.0010		7	41		1	1/5	hours			
			disease.							
otie.	hypertensive	cardic	Vascula:	r	1	year	r +			
	generalized	5105.0				year				
EAIH BUI	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1		AUTOPSY RMED?			
OCCURRE	D. (Enter nature of injury in	Port I or Por	t II of item 18.)							
20e. PL fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc	, 20f. (City	or town)		(County)		(Stote)			
24 50	10 0	7 50								
24-59 at death	19, ta_8 accurred at_4:50									
			treet, city or town,				ATE SIGNED			
00%	M.D. 15 Lbcust	Stree	et, Cambr	idge.	Md.	. 8	4+89			
METERY O	R CREMATORY	22d. LOCA	TION (City, town, o	or county)		(Stot	e)			
110		Mone	30770		160.					

24a. REC'D BY REGISTRAR

DATEGED 1 0 '59

24b. REGISTRAR'S SIGNATURE

Orthur & Krous

il director, filed with 06 ago. prior to burial, cremation, ar remaval, and the registrar

VS A1S (4) 1SM 9/SS

2005 C AVARYLAND STATE DEPARTMENT OF PEALTH SALTHMORE, 18

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VS. A15ME(5) 5M 9/55

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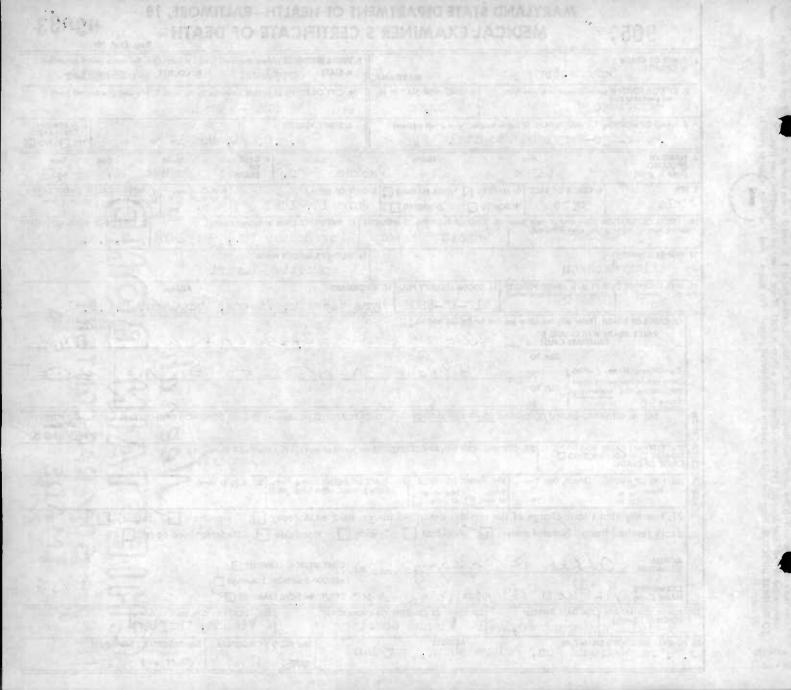
9057

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09033

Reg. Dist. No

I. PLACE OF DEATH	Oorchester	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Maryland b. COUNTY Dorchester								
b. CITY OR TOWN (	Il outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16 3 hours	c. CITY O	1/	oulside corpo	role limits, write	RURAL ond	give nearest	lown)
d. NAME OF HOSPI	ial or institution (i lge—Maryland	f not in hosp Hosp	pitat, give street address)	d. STREET	ADDRESS R.F.	D. #1,	Box 12		(	RESIDENCE ON A FARM?
3. NAME OF -DECEASED (Type or print)	Clyd	le		ackson	Sr.	4. DATE OF DEATH	Mont		Day 27	Year 1959
5. SEX Male	6. COLOR OR RACE	7. MARRIE	DE NEVER MARRIED   8	June 1			. AGE (In years lost highbor) 67 yrs.	Months C	YEAR IF U	NDER 24 HRS.
10a. USUAL OCCUPATI	ON (Give kind of work on life, even if retired) DOTEL		anning Factory	-		(1 - •	Marylar		S.A.	AT COUNTRY?
13. FATHER'S NAME Alex J	ackson			14. MOTHER'S		Stevial	rt			
15. WAS DECEASED EV	ER IN U. S. ARMED FOI (If yes, give wor or dates of	service)		ra Jack	cson.	Vienna.	Address	nd. R.	F.D.#	1.
Conditions, if of gove rise to imme (o), storing the couse lost.	diate cause underlying DUE TO		CEREBRE HYPERT	ENS/L	1E	HT.	Disa		1(a) 19. WA	HRS  WDET  AS AUTOPSY FORMED?
20g. EXTERNAL CAL PRIMARY   or CO CAUSE OF DEATH.	NTRIBUTING	r 20d. IN	HOW INJURY OCCURRED. (E	inter noture of i CE OF INJURY ory, street, offic	(Home, form,	20f. (City o		(Coun	YES [	(State)
21. I certify to death resulted ACTUAL SIGNATURE	hat I taok charge	of the recauses	emains described about Accident , Suite	cide □, H ∠M.D. CHIEF I	Homicide MEDICAL EX	AMINER ALEXAMINER	pection 2:			d find that
REMOVAL (Specify)	August 3					Vien		or county) yland	(S	lote)
J.J.Frampto	m and Son,	Feder	alsburg, Maryl	and	24a. REC'D	3 '59		STRAR'S SIGN		



# FOR STATE HEALTH DERT

sary, please TO DEPUTY MEXICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is a sary, please execute the control of the function of the chief Medical Examiner's Office along with form PM3. Toges I among the choiced for your files.

A should be lowereded to the Chief Medical Examiner's Office along with form PM3. Toges I may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages I and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death. 06

## VS. A15ME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9058 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09034

							R (	eg, Dist. INC	J.	
PLACE OF DEATH		1015	MARYLAND	2. USUAL RESIDENCE (		b. COUN		Residence be	fore odmis	sion)
	hester	aupai I		Maryla				Vone		,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						n)	
Cambridge			10 Min.	Baltimore		3 V	01	-4		
d. NAME OF HOSE	PITAL OR INSTITUTION (II	f not in hospi	ital, give street address)	d. STREET ADDRESS			0.11		e. IS RES	
Cambridge Maryland Hospital				3604 Greenmount Ave.					YES NO	
3. NAME OF DECEASED (Type or print)	Anne Murra		Middle nch	lost	4. DATE OF DEATH	August		Doy	Ye 19	or 59
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	DATE OF BIRTH		9. AGE (In years last birthday)		NDER TYEAR	IF UNDE	R 24 HRS.
Female	White	WIDOWED		##e1/11/20		39 yrs.	Mo	nths Days	Hours	Min.
during most of wor	TION (Give kind of work d king life, even if retired)	lone 10b. KII	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Slote	or foreign	country)	12	2. CITIZEN O	F WHAT C	OUNTRY
Secretar		Bus	s. office	Marvland U.				U.S.A.	S.A.	
13. FATHER'S NAME		1.2.55			14. MOTHER'S MAIDEN NAME					
Daniel A	Lvnch			Helen A. Br	own					
	EVER IN U. S. ARMED FOR		OCIAL SECURITY NO. 17.	NFORMANT		Addres	4			100
Unknown	(If yes, give wor or dates of s		known Mi	ss Patricia	Lynch,	Baltimo	re,	Md.		
18. CAUSE OF DE	ATH [Enter only one caus	se per line fo	or (o), (b), ond (c).]					INTE	RVAL BETWEE	N
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Laceration of Brain								hour	14	
		Dacor	WALL OF DEAT						21000	
Conditions, if	DUE TO	Fract	ure of Skull					1	hour	
gave rise to imm	rediote cause									
(a), stating the underlying DUE TO cause last. (c) Train striking auto							1	l hour		
Z PART II. C	THER SIGNIFICANT COND	ITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEA	SE CONDITION GI	VEN IN	1 PART 1(o) 1	9. WAS A	UTOPSY
Fracti		radius	& 4 left rib	S					PERFOR	NO T
Fracti  Fracti  200. EXTERNAL C PRIMARY #0 or C CAUSE OF DEATH	AUSE WAS 20k		HOW INJURY OCCURRED.			l of item 18.)				
	1.	Passen	ger in auto s	truck by a t	rain					
5 20c. TIME OF IN	URY Month, Doy, Year	-		CE OF INJURY (Home, for	m. 20f. (Cit	ly or fown)		(County)		(Slote)
20c. TIME OF INI	Aug. 22 15	9 While of work	Not white High	lory, street, office bldg., etc hway	Link	gwood, Dor	che	ster,	Mary!	Land
21. I certify	that I took charge	of the re	mains described abo		v 🗆	Inspection#	Ir	quiry #	and	in my
			uses , Accident	U_	, —	-		ned manne	-	,
ACTUAL	Desilor	71	1008/	CHIEF MEDICAL E	YAMINED [	1			PATE 1	INED
SIGNATURE_C	nevery c	//-	700	M.D. ASSISTANT MEDIC	-				1/22/	77
EXAMINER'S		200	00	DEPUTY MEDICAL						
270 BURIAL CREMAT	IdridgeH . Wo.	ITT, M	2c. NAME OF CEMETERY OF					and -	101	
REMOVAL (Speci	(y)	-		CREMATORT		ATION (City, town,		niy)	(Stote)	
Burial	8/26/59	9	Cathedral			Baltimore			ld.	
23. FUNERAL DIRECTO			ADDRESS		D BY REGIS			'S SIGNATUI		
H. W. 1	fears & Son	805 N	. Calvert St.	DATE A	UG 26'	59 a	rim	7 & three	14	

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HEALTH-DEPT 

TO DEPUTY METAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is described execute the case, writing the word "pending" in pendil in Item, 18. Give Poges 1, 2, and 3 to the funeral cities. Poge 4 should be to warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 24 hours offer death. or its designated agent, prior ta buriol, cremation, ar removal, and in any event

09

VS. A15ME 5M 2/57

## 9059

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09035

						Reg. Di	st. No.		
1. PLACE OF DEATH 0. COUNTY Dorchestes		MARYLAND	2. USUAL RESIDENCE ( o. STATE Maryla		ed lived. If institu b. COUNT		nce before o	dmission)	
b. CITY OR TOWN (If outside corporate and give nearest town)	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)								
Chibridge	1	0 Minutes	Baltimore		3 V	21-4			
d. NAME OF HOSPITAL OR INSTITU Cambridge Maryland	THE RESERVE AND ADDRESS OF THE PARTY OF THE	ive street address)	d. STREET ADDRESS	mount	ave			S RESIDENCE	
3. NAME OF	First	Middle	Last	4. DATE	Mont	h	Day	Yeor	
(Type or print) Daniel	James Lynch	h		DEATH		22nd		1950	
	R RACE 7. MARRIED		DATE OF BIRTH		9. AGE (In years		YEAR IF U	NDER 24 HR	
Male White		DIVORCED []	June '21		lost birthdoy) 38 yrs.	The second second	Days Hau		
Oa. USUAL OCCUPATION (Give kind during most of working life, even if Mechanic	retired)		Maryland	e or foreign co	ountry)		ZEN OF WH	AT COUNTR	
13. FATHER'S NAME					14. MOTHER'S MAIDEN NAME				
Daniel A. Lynch  15. WAS DECEASED EVER IN U. S. AR (Yes, no, er unknown)   (If yes, give war of	or dates of service)	SECURITY NO. 17, INF	Helen A. F	Brown	Address	263			
Yes 1141-146	Unlan	The second secon	s Patricia	Lynch,	Balto.	Ma.			
18. CAUSE OF DEATH [Enter only		(b), and (c).]					INTERVAL BE	TWEEN	
PART I. DEATH WAS CAUSI	AUSE (o) Lacerat	ion of Brain					1 hou	r	
810 X .	OUE TO								
Canditions, if any, which)									
gove rise to immediate couse	DUE TO	triking auto		4			l hou		
Z PART II. OTHER SIGNIFICAL				AINAL DISEASE	CONDITION GIV	EN IN PART			
Massive fracture							YES T	REORMED?	
200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.	206. DESCRIBE HOW	auto struck	er noture of injury in Pa		of item 18.)			4	
3 20c. TIME OF INJURY Month,	The second secon	OCCURRED 20e. PLACE	OF INJURY (Home, for	m, 120f. (City	or lown)	(Cour	nty)	(State)	
20c. TIME OF INJURY Month, 2:45PMp. m. Aug. 22	While	Not while to foctor	y, street, office bldg., etc	0.)	wood, Do	rchest	er M	amrlan	
21. I certify that I taok o							- 10	- V	
opinian death resulted fro							100	and in m	
ACTUAL SIGNATURE ELSE	dig E H.	Wolff	M.D. CHIEF MEDICAL E				S/	E SIGNED	
EXAMINER'S Eldridge	H. Wolff, M.	D. 00	DEPUTY MEDICAL	10					
720. BURIAL, CREMATION, 22b. DATE REMOVAL (Specify)	THEREOF 22c. N	AME OF CEMETERY OR C	REMATORY	22d. LOCAT	ION (City, town,	or county)	(5	tate)	
Burial 8/26		athedral		Balt	imore		Md.		
23. FUNERAL DIRECTOR'S SIGNATURE	A	DDRESS	24a. REC	D BY REGISTI		STRAR'S SIG			
H. W. Mears & Sc	on 805 N. Cal	vert St.	DATE	AUG 2 6	5 '59	arthur	In Kran	4	

And Land I had a said to the A PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE

1	1. PLACE OF DEATH a. COUNTY		MARYLAN	a STATE	here deceased lived. If institut b. COUNT	tian: Residence befare admission)					
	DORCHE			MAISYLA	+ND	SOMERSET					
M )	<ul> <li>CITY OR TOWN (If autside RURAL and give nearest taw</li> </ul>	<u>n</u> )	c. LENGTH OF STAY IN	200		RURAL and give nearest town)					
/	CAMBRIDE		3 YRS 6 MAS	CRISF.	ELD 19	139-2					
16	d. NAME OF HOSPITAL (If not OR INSTITUTION SHO		HOSPITAL	d. STREET ADDRESS	RY SECTI	o. IS RESIDENCE ON A FARM YES IN NO.					
1 40	3. NAME OF	First	Middle	last	A. DATE MO	inth Day Year					
	DECEASED (Type ar print)	ROYIE	FRANCES	NELSON	DEATH AUGUS						
	S. SEX 6. COLO	OR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)						
-	FEMALE WA	HTE WIDOW	ED DIVORCED	SEPT. 3 18	74 \$2 yrs						
	10a. USUAL OCCUPATION (Give during most of working life,	kind of work done 10b.	KIND OF BUSINESS OR IN	IDUSTRY 11. BIRTHPLACE (Stote	ar fareign country)	12. CITIZEN OF WHAT COUNT					
1	HOUSEWIFE	ven ii teilled)	HOME	MARVL	AND	2. SA.					
	13. FATHER'S NAME			14. MOTHER'S MAIDEN I							
	GEORGE S.	TEDLINA		MARU FLI	LABETH M.	ADDRIX .					
16-	1S. WAS DECEASED EVER IN U. S		SOCIAL SECURITY NO.	INFORMANT		dress					
	(Yes, no, or unknown) (If yes give	war or dates of service)		HARREN D.							
	NO HOSPITAL RECORDS										
	18. CAUSE OF DEATH [Enter			^		ONSET AND DEAT					
	IMMEDIA	ATE CAUSE (a)	Coro	NARY OCCL	USION	2HRS					
	260X	DUE TO									
	Canditians, if any, whic		DIABETES	MELLITIS		8 YXS					
	gave rise to immediate DUE TO										
	lying cause last.	coose (a), stating the onder.									
	PART II. OTHER SIGN	FICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GI	IVEN IN PART 1(a) 19. WAS AUTOP					
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTIES CHRONIC BRAIN SUNDRAME SENIE BRAIN DISEASE										
	200 ACCIDENT WAS INDESTRING TO 200 DESCRIBE LOW INVITED OCCURRED AS to seem of initial in Book Low Best II of item 19.)										
	OR CONTRIBUTING CAUS	E OF DEATH									
	Nonth	n, Day, Year 20d. II	NJURY OCCURRED 20e	. PLACE OF INJURY (Hame, farm	n. (20f. (City or town)	(County) (St					
	Hour o.m.	While	Not while	factory, street, affice bldg., etc		(200)					
		ul wol	k of wark								
	21. I certify that I attended the deceased fram APR. 25 , 1957, ta 400, 9 , 1959, that I last saw the deceased										
	alive an Auc, 8, 1959, and that death occurred at 1250 AM, from the causes and an the date stated about										
	ADDRESS (SIreel, city or town, state)  DATE SIGN										
	SIGNATURE HOLD & Crawford M.D.EASTERN SHORE STATE HOSPITAL AUGG 1959										
1		00.									
	PHYSICIAN'S HARRY	J. CRAW	FORD MD								
	220, BURIAL, CREMATION, 226.		22c. NAME OF CEMETER	V AD 605444770V	22d. LQCA/ION (City, town,	or county) (State)					
	BREMOVAL (Specify)	-11.00		2 4 2	Hebours	10 70.8					
	23. FUNERAL DIRECTOR'S SIGNAT	THE T	ADDRESS ADDRESS	1156(=	D BY REGISTEAR 24b. REG	SISTRAR'S SIGNATURE					
1)	ZV. TOTAL BALLION 3 SIGNAL	7	PADDKE33	- MAG. REC	D BI REGISIJEAR 240. REG	HOINAK O SIGNATURE					

VS A1S (4) 1SM 9/S8

TO HOSPITAL O

**TENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours the hospital or attending physician.

2300 Tacismo? Swallynam SAME CRISE ALL CAMBRIDGE A THE WAY DEED THE WALL AND A COUNTY WAS A SECOND OF THE PARTY OF THE Kushit Planers VELSON HIEUST S EPALE TWATER OF A SECTOR ASSESSMENT OF THE SEC AS AS THE REPORT OF THE PARTY O WINDOWS WE GREAT PROPERTY Very U. Loo O Turkey Said ATTURNET STEER OF THE STEER OF AND THE RESERVE OF THE PROPERTY OF THE PROPERT THE PERSON OF TH 

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reg.	Dist. No.
2. USUAL RESIDENCE (Whose deceased lived. If institution: Residue). STATE b. COUNTY	dence before admission)
c. CITY OR TOWN Aff outside corporate limits write RURAL of	nd give nearest town)
d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
Palmer 4. DATE Month / Bath	Day Year 700 195 /
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DER I YEAR IF UNDER 24 HRS. Days Hours Min.
STRY 11. BIRTHELAGE (SIGNATURE IGNATION COUNTRY) 12.	CTIZEN OF WEAT COUNTRY
14. MOTHER'S MAIDEN MAME. Compf	
wing C falmer to	whole my
Failure	INTERVAL BETWEEN ONSET AND DEATH
	20 x rs_
D. (Enter nature of injury in Part I or Part II of item 18.)  at home	
ACE OF INJURY (Home, form, ctory, street, affice bldg., etc.)	(County) (State)
occurred of 4330 AM, from the causes and or ADDRESS (Street, city or town, stote)	I lost saw the deceased the date stated above DATE SIGNER
Federalshura N	1d.
R CREMATORY / 22d. COCATION (City Jown, or count	y) //(State) /
Market Castflew the	extet, my
	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence of STATE of COUNTY

er death: Page 4 may be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar removal, and in any event within 72 hars after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay may be reto TO HOSPITAL

VS A15 (4) 15M 9/55

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VS. A15ME(5) 5M 9/55

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9072 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09040

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Oorchester		MARYL	AND	O. STATE	DENCE (V	Alle Victoria	ed lived. If Institute b. COUN		nce bef	ore admission)
.b. CITY OR TOWN (	f outside corporate limits, writ	e RURAL	c. LENGTH OF STAY II					porote limits, writ	27-250	give n	earest Iown)
and give nearest town	lambridge		2vr. 3mo. 8	day			ertow		143	Pres	9
		If not In hosp	pital, give street address	day	d. STREET A		er com		7 -7		. IS RESIDENCE
	Shore Sta	te Hos	pital								YES NO K
3. NAME OF DECEASED	Fir	st	Middle	- 4	Last		4. DATE	Mon	th	Day	Year
(Type or print)	Jose		M.		Robins	on	DEATH	Au	gust	24	1959
5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8.	DATE OF BIRTH			9. AGE (In years lost birthday)		_	IF UNDER 24 HRS.
Male	White	WIDOWED	DIVORCED [		1877	(2)		82 7 yrs.	Months 1	Days	Hours Min.
10a. USUAL OCCUPATION	ON (Give kind of work	done 10b. K	IND OF BUSINESS OR IN	NDUSTR	Y 11. BIRTHPLA	CE (State	or foreign c	ountry)	12. CITIZ	EN O	WHAT COUNTRY?
Not repo					Unkn						U.S.A.
13. FATHER'S NAME					14. MOTHER'S A		IAME				
Unknown					Unkn	OT-TT3					
15. WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16. 5	OCIAL SECURITY NO.	17. IN	FORMANT	OWII		Addres	\$	100	
(Yes. no. or unknown) Unknown	(If yes, give war or dates of		8-05-1711	R	ECORDS:	Eas	tern S	Shore St	ate Ho	eni:	hal
	TH [Enter only one car				DO GEORGIA		00222	211010 00	0.00 110		
	TH WAS CAUSED BY:	Cen	ebral vasc	lar	accide	nt.					VAL BETWEEN T AND DEATH
33/X	IMMEDIATE CAUSE (o)		002 002		000000	***				-	. Cataly
Conditions is a	DUE TO						. 75				
Conditions, if a gove rise to imme	diote couse										
(o), stoting the	underlying DUE TO									13	
	J (c)	DITIONS CO	NTRIBUTING TO DEATH	OLIT NI	OF BELATED TO 1	PUE TERM	ALAI DICEACI	COMPITION	VENI INI DARE	1/ 1/1/	NAME AND DOOR
F Fracht	re neck lef			001 140	JI KELAIED IO	ITE TERMI	NALDISEASE	CONDITION GI	VEN IN PAKI		PERFORMED2
Z FIEODU				-						1	ES NOT
PART II. OTI Fractu  20g. EXTERNAL CA PRIMARY Or CO CAUSE OF DEATH.	NTRIBUTING TO	Fell 1	now injury occurrement walker	ED. {En ●	ter noture of inju	ury in Port	I or Port II	of item 18.)			
20c. TIME OF INJU			NJURY OCCURRED 200	PLACE	OF INJURY (H	ome, form	20f. (City	or town)	(Cou	nty)	(Stole)
12 JOF	7/16/5919	White of wor	Not while	Ho	spital	olog., etc.	Cam	bridge	Dor.		Md.
	nat I taak charge	af the re	emains described	abav	e, held an	Autopsy	v D. Ir	spection K	, Inquir	<u>, П.</u>	and find that
		the second second				omicide		determined			and mid ma
ACTUAL	X	20	- 0		A. 1. A. 2						DATE SIGNED
SIGNATURE	from	7/1	reg		M.D.		AMINER [			0	lat Ida
EXAMINER'S NAME (Type)	John Mac	e, Jr	. 0'				EXAMINER	7		8/	21:/59
220. BURIAL, CREMATIC REMOVAL (Specify		)F	22c. NAME OF CEMETER				22d. LOCAT	IOR (City, town,	or county)		(Stote)
Burial	8/27/59		Chester	Cen	1.		Ches	tertown	n, Md.		
23. FUNERAL DIRECTOR	S SIGNATURE	00	ADDRESS			240. REC'I	BY REGIST	RAR 24b. REG	ISTRAR'S SIG	NATUR	E
J.Wi	Iles W.	ella	_Chestert	OWI	, Ma.	DATEUG	26 '59	Cin	than & A		

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VS A15 (4) 15M 9/5B

the registror prior to burial, cremation, or removal, and in any event within 72 Haur, after death,

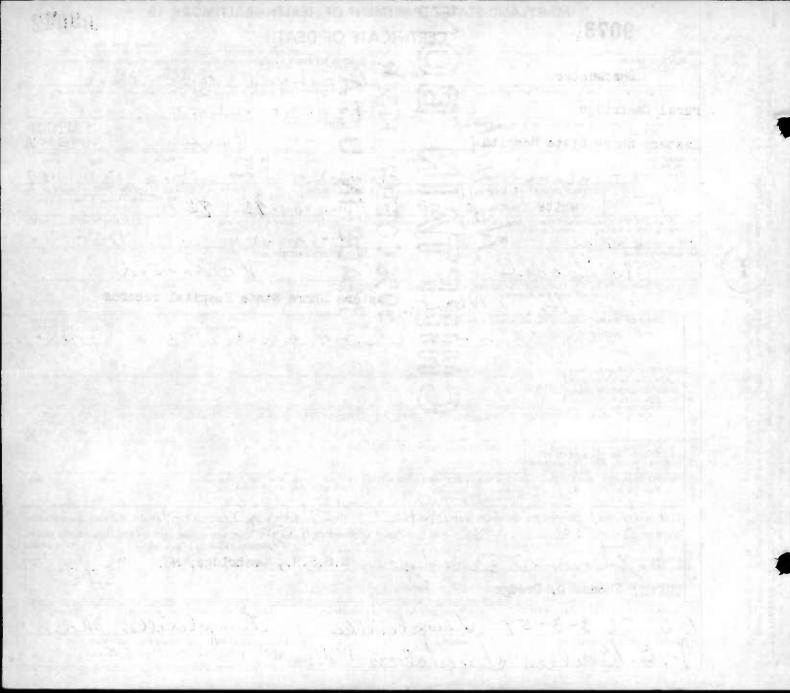
### 9073

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0	90	4	2
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CERTIFICATE OF DEATH

			Reg. D	ist. No.
1. PLACE OF DEATH o. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	b. COUNTY	nce before admission)
		MaryLand		NNE
RURAL and give nearest town)	LENGTH OF STAY IN 16	Sudilervil	orate limits, write RURAL and	give nearest fown)
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Eastern Shore State Hospita		N	The	YES NO 🛛
3. NAME OF DECEASED (Type or print) Barbara	Middle	Last 4. DATE OF DEATH	H Aug	Day Year 3   1959
5. SEX   6. COLOR OR RACE   7. MARRIED   White   WIDOWED	DIVORCED DIVORCED	B. DATE OF BIRTH  Mey 30 1873	9. AGE (In years If UNDE lest bythdoy) Manths	R 1 YEAR IF UNDER 24 HRS.  Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIN during most of working life, even if retired)	ND OF BUSINESS OR INDU	1 1	country) 12, CII	TIZEN OF WHAT COUNTRY?
Housewife		HUNGARU		0311
13. FATHER'S NAME Record		14. MOTHER'S MATDEN NAME	o Record	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)		INFORMANT Istern Shore State	Hospital reco	rds
1B. CAUSE OF DEATH [Enter only one cause per line f	for (o), (b), and (c).]		utside corporate limits, write RURAL ond give nearest town)  vi Le  e. IS RESIDENCE ON A FARM? YES \ NO \X  A. DATE OF DEATH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.	
PART I. DEATH WAS CAUSED BY:	1-0 m.c. (	Lalacue	TiTic	ONSET AND DEATH
IMMEDIATE CAUSE (6) DUE TO	ronic	CHORE COS	17/13	
Canditions, if any, which (b)				
gave rise to immediate				
lying cause lost.				2
PART II. OTHER SIGNIFICANT CONDITIONS CON  200. ACCIDENT WAS UNDERLYING  COR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PA	PERFORMED?
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRI	ED. (Enter nature of injury in Port I or Po	ort II of item 1B.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJU While of work	_ Not while fo	LACE OF INJURY (Hame, farm, actory, street, affice bldg., etc.)	ty or town)	(County) (Stote)
21. I certify that I ottended the deceased	from M - 1; 2	7 , 1957, 10 1 va 3	j, 1959, that I I	ast saw the deceased
alive on Aug 30 , 1959	, and that deat	h accurred at 4.45 AM, from	the couses and on th	e date stated above.
ACTUAL SIGNATURE Thomas J. D	redge			1-931 59
PHYSICIAN'S Thomas J. Dredge	0			
220. BURIAL, CREMATION, 22b. DATE THEREOF 9-3-59	Dempler	OR CREMATORY 22d. LOCA	ATION (City town, or county)	(Stote)
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	M. 24g. REC'D BY REGI		
1 10 . 1. 1 17/1 1/ 0 . 4 1 4/ /	~ A 1/ minute	at III (/V   DATE WHITE		



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_	cute the cert. e. writing the word "pending" in pencil in Item 18. Give Pages 1, 2, a	P	10
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2	÷	5	5
SE	0	3	
_	5	O	100
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5 TO DEPUTY MESCAL EXAMINER: This certificate should be executed within 24 hours after	A	15/	A
4.3	. A	138	**1
-	5M	9/	55

ple	4 sh		640
certificate should be executed within 24 hours after death. If any delay is ressary, ple	pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dire.		Industrial of
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5	M 9/55	

### 9074 MEDICAL EXAMINED'S CERTIFICATION BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 1111

1. PLACE OF DEATH o. COUNTY	Dorchester		MARYLA	UND	2. USUAL RESIDENCE (V o. STATE	Vhere decea	sed lived. If institu b. COUNT		ence bel	ore adm	ission)
b. CITY OR TOWN ond give nearest tow	If outside corporate limits, write (n) Havelock	RURAL	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF	outside cor	porale limits, write	RURAL and	d give n	earest to	wn)
d. NAME OF HOSPI	ITAL OR INSTITUTION (I	f not in ho	ospitol, give street oddress)		d. STREET ADDRESS Unko	nown				ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fin		Middle KNOWN		Lost	4. DATE OF DEATH	Found A	ugust	Day 22		9 59
5. SEX Male	6. COLOR OR RACE	7. MARR	NEVER MARRIED [	8. [	PATE OF BIRTH Appro	0.7	9. AGE (In years lost birthday) 45 yrs.	Months	Days	Hours	ER 24 HRS. Min.
100. USUAL OCCUPAT	332333		KIND OF BUSINESS OR IN	DUSTRY				12. CIT	IZEN O	F WHAT	COUNTRY
13. FATHER'S NAME					4. MOTHER'S MAIDEN N	NAME					
15. WAS DECEASED E	VER IN U. S. ARMED FOI (If yes, give war or dates of	RCES? 16	SOCIAL SECURITY NO.	17. INF	ORMANT		Address				
Canditions, if gave rise to imme (o), stoting the couse lost.	underlying DUE TO		acerated deco								
CATIO			ONTRIBUTING TO DEATH E					EN IN PAR			NO
	NUSE WAS DITRIBUTING   20		me how injury occurre	D. (Ent	er noture of injury in Part	l I or Part II	of item 18.)				
20c. TIME OF INJU	8/22/\$9	Whi at w	le Not white ork of work	factory	OF INJURY (Home, form, street, office bldg., etc. Creek	Ha	velock	AL OF	unty)	ster	(Stote) Md
	that I took charge d from: Natural		remains described		e, held an Autops de [], Homicide	The second second	nspection [], ndetermined (	_	, ,	, and	find the
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Charle	s 5	Petty, M.D.		ASSISTANT MEDICAL EX	AL EXAMIN	R 🛣		8	DATE:	159
	ON, 226. DATE THEREO	F	22cr NAME OF CEMETERS				TION (City, town,	or county)	W	(Stat	•)
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		24g. REC'I	BY REGIS		STRAR'S SI			

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death. Page 4

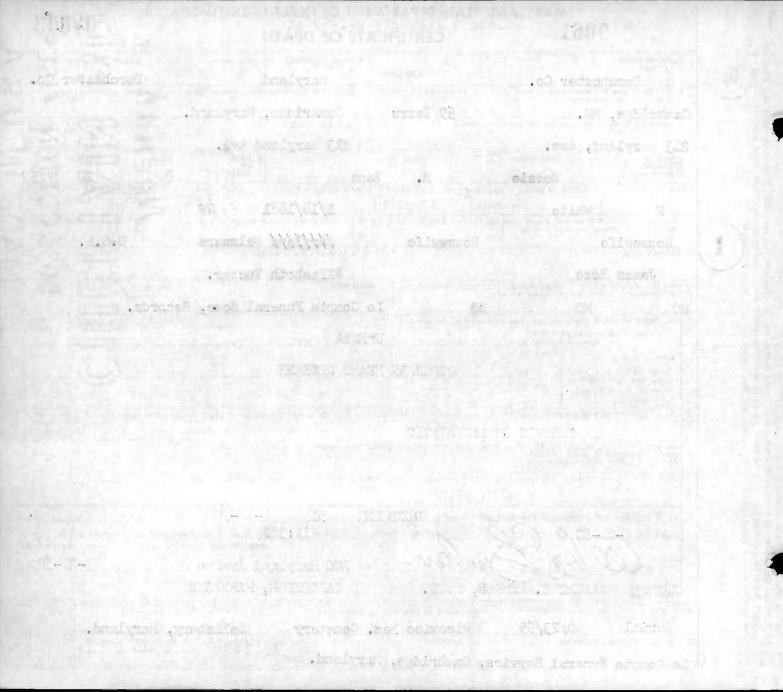
TO HOSPITAL OF UTENDING PHYSICIAN: The town requirement may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the first formal propers. Pages I and 2 should be formally the formal propers.

VS A15 (4) 15M 9/58

							N.G	g. Dist. I4	<b>5</b> .	
1. PLACE OF DEATH					USUAL RESIDENCE (W		If institution: F	Residence bet	fore admi	ission)
	hester Co.		MARYLA	AND	Marylan			Dorche	ster	· Co.
	(If outside corporate lim	its, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF	outside corporate lim	its, write RURA	L ond give n	earest to	wn)
Cambridge.	Md. ITAL (If not in hospitol, g		59 Years	3 /	3 Cambridge	. Marylan	d.		. 4	
OR INSTITUTION		give street	oddress)		d. STREET ADDRESS				ON	ESIDENCE A FARM?
213 Maryla						and Ave.				
3. NAME OF DECEASED (Type or print)	Bessi	rst	Middle	Van	Last	4. DATE OF DEATH	Month 8		20 20	Yeor 19 59
5. SEX			NEVER MARRIED		DATE OF BIRTH	9. AGE	(In years IF L	INDER 1 YEA		
F	White	WIDOWI	44		1/18/188	Jost		onths Days	Hour	rs Min.
10a. USUAL OCCUPAT during most of wo		done 10b.	KIND OF BUSINESS OR	INDUSTR				12. CITIZEN	OF WHAT	COUNTRY
Housewif			Housewife		Martidha	Delmare		U.S.	A	
13. FATHER'S NAME			-		14. MOTHER'S MAIDEN					
James					Elizabeth	Tucker.		MAG.		0
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR {If yes, give wor or dates of :	RCES? 16.	SOCIAL SECURITY NO.	INFO	PRMANT		Address			
NO	NO		NO.	Le	Compte Fune	eral Home,	Record	S.		
18. CAUSE OF DE	EATH [Enter anly one co	ouse per li	ne far (a), (b), and (c).]	320	Die Pre					BETWEEN D DEATH
PART I. DE	EATH WAS CAUSED BY:	,		URE	MTA			01	ASEL MIA	ID DEATH
420.1	DUE TO			0102						
Conditions, if	any which \		CORONARY	HEA	RT DISEASE			31		
gove rise to	immediate (		0010111111	L. A.						
lying cause lost	g the under-									
_	_ , ,	/	CONTRIBUTING TO DEAT	'H BUT NO	OT RELATED TO THE TERM	MINAL DISEASE CONI	DITION GIVEN I	N PART 1(o)	19. WA	S AUTOPSY
PART II. O'	CHRONTO		LECYSTITIS						PERF	FORMED?
E 20g ACCIDENT W	AS UNDERLYING	1	CRIBE HOW INJURY OC	CURRED (	Enter nature of injury in	Part Lar Port II of it	tem 18.)		1.25	
OR CONTRIBUTION	G CAUSE OF DEATH Y MEDICAL EXAMINER)	100. 003	CRIDE HOW INJORT OC	CORRED. (	Liner nature of injury in					
		204 11	NJURY OCCURRED 2	On PLACE	OF INJURY (Hame, for	rm, 20f. (City or tow	- N	IC munch		(Stote
20c. TIME OF INJU	. 10	While of war	Nat while		y, street, office bldg., el		1)	(County	"	(Siore
21   certify t	that I attended the	decens	ed from DEC	MARKE	19 57 to	8-20-59	19 tho	t Llast so	w the	decease
olive on	50 /	70			ccurred of 11:30					
Olive oil	5//	6	, and more	Jeoin u	corred of the fact	ADDRESS (Street, ci				ATE SIGNE
ACTUAL	What ?	1	war -	мг	200 Maryle			,	8-21	1-59
- 7	06									
PHYSICIAN'S NAME (Type)	ALBERT E. I	BUNKE	R, M. D.		CAUBRIDG	E, MARYLAN	ע			
220. BURIAL, CREMATI REMOVAL (Specif		OF .	22c. NAME OF CEMET	ERY OR C	REMATORY	22d. LOCATION (C	City, town, or co	ounty)	(St	tote)
Burial	" 8/23/59	9	Wicomico 1	Mem.	Cemetary	Salisb	ury. Ma	ryland	1.	
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		24a. REC		24b. REGISTRA			
				2.0	3 3	400 Z 0 J3	Circh	my & Th	ANG.	

Compte Funeral Service, Cambridge, Maryland. DATE



Dorchester

PLACE OF DEATH

o. COUNTY

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MARYLAND

**CERTIFICATE OF DEATH** 

a. STATE

Maryland

0	y	0	4	4

Reg. Dist. No.

Dorchester

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b. COUNTY

Page 4	d-with	M
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pompletely tilled in by the fun physician attending

permit. Then please remave carban in any event within 72 haurs after de TO HOSPITAL C STENDING PHYSICIAN: The law requires tha may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

VS A1S (4) 1SM 9/SB

b. CITY OR TOWN (IF RURAL and give ned Thir loc	autside carporate limi prest town) ck - Rural	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR		ock -	rate limits, write R Rural	URAL ond	give near	est tawn	)
d. NAME OF HOSPITA OR INSTITUTION		111		d. STREET		Chopt	ank	2	•		IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fir Mari		Middle Ry <b>no</b>	Wand	ist is	4. DATE OF DEATH	Mon Augu		Doy 19		Yeor 19 59
s. sex Female	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIR		1877	9. AGE (In years last birthday) 81 yrs.	Months	Days Days	Hours	R 24 HR Min.
10a. USUAL OCCUPATIO	N (Give kind of working life, even if retired	dane 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHE	PLACE (State	ar fareign co	Jersey		S.A		OUNTRY
J <sub>emes</sub> F	Ryno		٩		Gibb						
1S. WAS DECEASED EVER (Yes, no, or unknown) (I	IN U. S. ARMED FOR f yes, give war or dates of s			idney G.	Wands	, Hurl	lock, Mar		L	ij.	
& Patient	he <u>under-</u>	DITIONS C	Premenal (Care Premenal And Leneth Billing To Death Billi	d +01	Jase OTHE TERMI	NAL PINEASI	E CONDITION GIVE CON A N. A. I. II of item 18.)		RT 1(a) 19	WAS A PERFO	RMED?
	Month, Doy, Yes	or 20d. II While of war	_ Not while _	PLACE OF INJURY factory, street, offi	(Home, form ce bldg., etc	20f. (City	or town)	(	Caunty)		(Stat
21, I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	is attended the sing 18	deceas 193 N	ed fram July 1999, and that dea		6:10A Ted Lede	M, fram	the causes an rest, city or town,	d an th	e date	the distance of the distance o	ecease l abav E SIGN
220. BURIAL, CREMATION REMOVAL (Specify) BULLAL	Aug. 22,		Washington	or crematory Cemetery		Hur]	,	or county) ylano	l	(State	e)
23. FUNERAL DIRECTOR'S	m and Son,	Fede	eralsburg, Mai	yland	DATE AL	D BY REGIST	RAR 24b. REGI	strar's si	GNATUR	E A	

The state of the s Secretary of the and the secretary Correlation of the contraction September 1 in Wisconson ("A) Consons the Black Side William Louis I Will Bores William Expended September of James of a place tilled Consorming the resembly the sure of the fallices 25 July 11 37 Com 19 35 Com The Land of marines and a feet and the first of find CONTRACTOR TO SE As in the state of the state of

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9076 crematian Reg. Dist. No. Page 4 should b PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY o. STATE MARYLAND b. CITY OR TOWN (If autitide corporate limits, write RURAL and sive nectes) town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) lenna d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give affect address) d. STREET ADDRESS 3. NAME OF Middle 4. DATE First Month DECEASED (Type or print) DEATH 3-3EX 6. COLON OR BACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE fin years IF UNDER TYEAR Months WIDOWED [7] DIVORCED | 100 DSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11\_BIRTHPLACE (State or fareign country) during most of yorking life, gran if retired) 12. CITIEFH OF WHAT COUNTRY? Missines 13. FATHER'S NAME 14. MOTHER'S MAIDEN HAME Poges bod 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address within ? Give PM3 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse **DUE TO** (a), stoting the underlying couse lost. 0 Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS SD 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) shauld 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) ledical factory, street, office bldg., etc.) While g. m. Not while of work of work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection Inquiry DIRECTOR: death resulted fram: Natural causes Suicide | | Hamicide . Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE farwarded h 5 P ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 22d, BERIAL, CREMATION, 22b DATE THEREOF 224. NAME OF COMETERY OF CREMATORY 22d. LOCATION (City) town, of county) 0

ADDRESS

VS. A15ME(5) 5M 9/55

23. FUNERAL DIRECTOR'S STGNATURE

240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

09045

e. IS RESIDENCE ON A FARM? YES NO

Year

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

PERFORMED? NO

(State)

and find that

DATE SIGNED

19

Day

Days

(County)

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		077	CERTI	FICATE OF DI	EAIH	Reg. Dist.	No.
	1. PLACE OF DEATH o. COUNTY		Siez, MARY	CTATE A	NGE (Where deceased lived ) a Lyland	COUNTY Residence	before admission) Hester.
	b. CITY OR TOWN	N (If outside corporate limits, e nearest 100n)	100/	/ 4	WN (If outside corporate li		nearest town)
016	OR MICTITUTE	SPITAL (If not in hospital, giv N これらHOでもらせ	e street oddress) ate Hospita	d. STREET ADI	DRESS		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Corol	Vizq	iniaWill		ugust :	Day Year 2/2/ 1959
	5. SEX F.	[ [ ]	MARRIED NEVER MARRIE	- 7/1/	1855 9. AC	t bifthdoy) Months Do	YEAR IF UNDER 24 HRŠ. Hours Min.
I death.	during most of w	ATION (Give kind of work do vorking life, with if retired) SEHTHE	ne 10b. KIND OF BUSINESS O	Ma	ryland	104 12.CITIZE	S. A.
of the control of the			Thomas Goslin		VALUE NAME	Sophia Harpe	er
72 hou	15. WAS DECEASED (Yes, no. No. unknown)	EVER IN U. S. ARMED FORCE	16. SOCIAL SECURITY NO.		Stare State	. Hospital	Records
n pleas t within		DEATH [Enter only one coust DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	e per line for (a), (b), and (c).	Jocardi	al Fai	lure.	INTERVAL BETWEEN ONSET AND DEATH
nit. The	450.1 Conditions, is	DUE TO fony, which ) (b)	Genera	,	uterior cl		Dever yz
and in o	gove rise to couse (a), stati lying couse la	ng the under- DUE TO	gan	grene	of the rt	foot.	_
naval, o	САТІС		TIONS CONTRIBUTING TO DEA	NTH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	NDITIØN GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
ar ren	200. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING DAY NO CAUSE OF DEATH IFY MEDICAL EXAMINER)	06. DESCRIBE HOW INJURY O	CCURRED. (Enter noture of i	njury in Port I or Port II of	item 18.)	
emation	Y 20c. TIME OF IN. Hour o. r	m. 10	20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Ho foctory, street, office b	ome, form, oldg., etc.)	wn) (Cou	inty) (State)
uriol, cr		that I attended the cluquat 22	A-40 A		to august 2 0:45 M from the		
be deto	ACTUAL SIGNATURE	Simon	reinali	M.D. & S.S	ADDRESS (Street, o	city or town, stote)	. 8. 22.5
stror pr	PHYSICIAN'S NAME (Type)	Simon	Vizkut	tis		7 ′	
poge 3	220. BURIAL, CREMA REMOVAL (Spec Burial	TION, 22b. DATE THEREOF	1959 22c. NAME OF CEME Brookvie	TERY OR CREMATORY W Cemetery	22d. LOCATION (Brookey	(City, town or county) iew, Marylan	d (Stote)
	23. FUNERAL DIRECT	OR'S SIGNATURE	ADDRESS	2	24g. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGN	ATURE

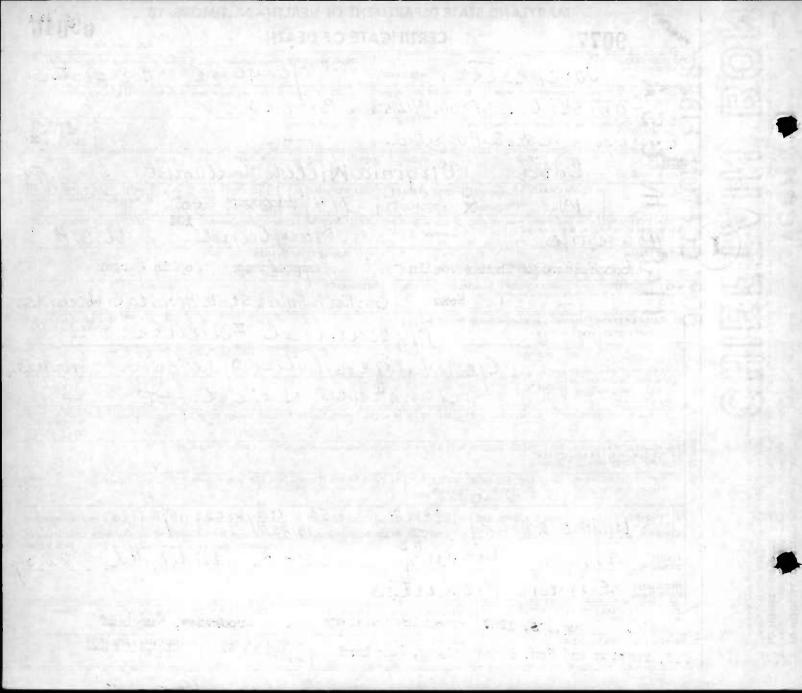
TO HOSPITAL VS A15 (4) 15M 9/58

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
J.J. Framptom and Son, Federalsburg, Maryland

24a. REC'D BY REGISTRAR AUG 2 6 59

246. REGISTRAR'S SIGNATURE



ottending physicion and completely filled in by the funeral director, in please remove carbon papers. Pages 1 and 2 should be filed with

and in any event within 72 hours after death. Then pleose

the registror prior to buriol, cremotion, or removal,

TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9062

**CERTIFICATE OF DEATH** 

09047

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29.69	
1971	
190	
	,
	M

X

Reg. Dist. No.

1. PLACE OF DEATH DURCHESTER	MARYLAND	2. USUAL RESIDENCE WAS	deceased live	d. If institute b. COUNTY	PRCHEST	Propre admis	sion)
b. CITY OR TOWN III outside corporate limits, write RURAL documents of the corporate limits	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF CAMBR		imits, write R	URAL ond giv	ve nearest tow	n)
d. NAME OF HOSPITAL HE COLIN TRANSITAL DIVE STI	reet oddress)	d. STREET ADDRESS 307 BRYN STREET	ET			ON	SIDENCE A FARM?
3. NAME OF First POCKES (Type or print) ROX IE	Middle COOPE	R WILLEY	4. DATE OF DEATH	AUGU	ÜST	5°, 195	Yeor Ye
1 famala   white	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH		GE (In years standhdoy) yrs.	-	YEAR IF UND	ER 24 HRS Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OWN HOME	JSTRY 11. BIRTHPLACE (Stole MARYLA)		')		SA	COUNTRY
3. FATHER'S NAME ALBERT CO	PER	14. MOTHER'S MAIDEN I					
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no or unknown) (If yes, give war or dates of service)		INFORMANT MRS JOHN REVE	LLE CAN	Add ABRIDGE		RYLAND	
PART I. DEATH (Enter only one couse por part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stating the under: lying couse lost.  (c)	er line for (o), (b), ond (c).]  Coronary Occlus  Arterioscleroti		e cardio			interval B ONSET AND 11 de unknown	DEATH
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER_NOTIFY MEDICAL EXAMINER)	NS CONTRIBUTING TO DEATH 8U	T NOT RELATED TO THE TERM	NINAL DISEASE CO	NDITION GIV	EN IN PART	PERF	AUTOPSY DRMED?
	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of	item 18.)			
Hour o.m.	d. INJURY OCCURRED 20e. Phile Not while work of work	LACE OF INJURY (Home, form octory, street, office bldg., etc	n, 20f. (City or to	own)	(Co	unty)	(Stote
21. I certify that I attended the decadive an 8-5-59 1  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Eldridge H. Wo  220. BURIAL, CREMATION, 22b. DATE THEREOF BURYAN (Specify) AUG 7, 195	9 , and that deat	h occurred at <b>1:45A</b> M.D. 15 Locus	M, from the ADDRESS (Street, Street	couses an city or town,	d on the state)	date state DA Md . 8	d abave TE SIGNEI
23. FUNERAL DIRECTOR'S SIGNATURE LECOMPTE FUNERAL SERVICE	ADDRESS		D BY REGISTRAR	24b. REGI	STRAR'S SIGN	NATURE	

AUG 1 0 '59

MARYLAND

moy be retain. At the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 should be detached for use as the burial-transit permit. Then TO HOSPITAL 9 VS A1S (4) 1SM 9/S8

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after deoth. If any deloy is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY b. COUNTY Dorchester MARYLAND Marvland Dorchester b. CITY OR TOWN (If outside corporate limits, write RURAL C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 40 vears Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cemetery Ave. YES NO 17 Cemetery Ave. 3. NAME OF 4. DATE First Middle Last Day Year DECEASED (Type or print) Olin DEATH Philip 19 Wilson August 10,1959 IF UNDER TYPAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Davs Hours Min. Mala White WIDOWED [ DIVORCED [ March 50 yrs. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Auto Mechanic Madison. Dor. Co. U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas H. Wilson Viola Travers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes, give war or dates of service) 214-07-7944 No Mrs. Mable H. Wilson, 11 Cemetery Ave. Cambridge, Md. 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c), ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Instant Coronary occlusion IMMEDIATE CAUSE (a) 420.1 DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY O PERFORMED? NO [ 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stole) factory, street, affice bldg., etc.) Hour o. m. While Not while of work at work n. m. 21. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection K. Inquiry death resulted fram: Natural causes X. Accident . Suicide . Homicide . Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER Dr. John Mace DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY

220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (Stote) PEMOVAL (Specify) Aug. 12, 1959 Borchester Memorial Park Cambridge, Md. ADDRESS 23. EUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEUG 1 4 '59 Centinus S. Kines Cambridge Md

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